

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 3/23/13

PRINTED: 02/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445314	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/04/2013
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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF MORRISTOWN

STREET ADDRESS, CITY, STATE, ZIP CODE
501 WEST ECONOMY ROAD
MORRISTOWN, TN 37814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to insure portable fire extinguishers complied with hydrostatic test requirements. The findings include: Observation and interview with the Dietary Manager, on February 4, 2013 at 8:45pm confirmed the stainless steel K-class portable fire extinguisher located in the kitchen was new in 2006 and failed to have the 5-year hydrostatic test. This finding was verified by the Maintenance Supervisor and acknowledge by the administrator during the exit conference on February 5, 2013.</p>	K064	<p>CORRECTIVE ACTION:</p> <p>The vendor was called on 2-5-13 to come to facility and perform hydrostatic testing to fire extinguisher. Work was completed on 2-8-13.</p> <p>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</p> <p>All residents have the potential to be affected from missed hydrostatic test to fire extinguishers.</p> <p>SYSTEMATIC CHANGES:</p> <p>Outside vendor will continue with biannual checks of all fire extinguishers to assess hydrostatic testing. Maintenance within facility will continue with monthly check of all extinguishers to assure compliance with expiration dates and assure the checks do not go past the date of expiration. An audit toll will be used to assure accuracy of tracking.</p> <p>MONITORING:</p> <p>A performance improvement plan was initiated on 2-20-13 to address procedure for assuring fire extinguishers are up to date with required hydrostatic testing. (Medical Director, Maintenance Director, ED, AED attended meeting)</p>	
K 076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution's safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 076	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure electrical components in medical gas storage locations were located greater than five (5) feet above the floor. The findings include: Observation with the maintenance director on February 5, 2013 at 9:45pm confirmed the oxygen storage room light switch was installed at 48-inches above the finished floor. This finding was verified by the Maintenance Supervisor and acknowledge by the administrator during the exit conference on February 5, 2013.	K076	CORRECTIVE ACTION: Work to move light switch up to five feet above level of the floor was completed by Maintenance Director on 2-8-13. RESIDENTS WITH POTENTIAL TO BE AFFECTED: No residents affected. SYSTEMATIC CHANGES: No other oxygen storage areas in facility. MONITORING: No required monitoring, work complete.	